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The aim of the project was to demonstrate a deliberate effort to reach illegitimately pregnant teenage girls, using the period before and after birth to help the girl achieve a future pattern of behavior that would meet her needs constructively. The period before the birth of the baby was used to reduce immediate life pressures, to provide a period of nurturing, and to plan educational, medical, and social services. After delivery, the girl was helped to carry out a plan for herself which included appropriate services. A second goal of the project emerged, the re-orientation of the community. (KP)

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A DEMONSTRATION OF REORIENTATION OF ILLEGITIMATELY PREGNANT TEENAGE GIRLS LIVING IN RURAL AREAS

A FINAL REPORT

TO

Children's Bureau

Welfare Administration

Department of Health, Education, and Welfare

Grant D[illegible] (C1)

Prepared By

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The Iowa Children's Home Society

1101 Walnut Street
Des Moines, Iowa 50309
June 14, 1967

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IN APPRECIATION

This project is the work of many people who worked together to translate a new idea from a possibility for service, existing on paper, to a program of service that is a reality and will continue to be part of Iowa's ongoing service to the young, pregnant, unmarried girls living in rural areas. To undertake a pioneering effort requires enthusiasm, creative imagination, and a willingness to undertake a difficult job. We were fortunate to have in our group the following persons, who welcomed this challenge: Dr. Madelyn Donnelly, Director, Maternal & Child Health Division, Iowa Department of Health; Dr. Kenneth P. Eaton, Consultant to the Physically and Visually Handicapped, Iowa Department of Public Instruction; Mr. Richard Fischer, Iowa Department of Public Instruction; Miss Leone Johnson, Nursing Consultant, Iowa Department of Health; Mr. John Landon, State Department of Social Welfare; Mr. Robert Langbehn, Iowa Department of Public Instruction; Mr. Paul Seydel, Principal, Fort Dodge High School; Mr. Harold Templeman, State Department of Social Welfare; Mrs. Maxine Thomas, Community Relations Worker, Project D220; and Mrs. Elizabeth S. Turner, Director of Casework, Iowa Children's Home Society; Mrs. Louise Whelchel, teacher, Continuation School. All of these persons, besides many others who participated to a lesser extent, turned the project into a program.

I would also like to thank the Children's Bureau, and particularly Dr. Charles P. Gershenson, for helping create and providing financial support for this project. And finally I would like to express appreciation for the support, understanding, and pleasure that came to me in working with my boss, Mr. Lawrence Scales, Jr. Executive Director of the Iowa Children's Home Society.

Edith Zober
Project Director and
Principal Investigator

June 14, 1967

I. THE PROBLEM

The Objectives

This project began with a concern for the young illegitimately pregnant girl living in a rural area. The aim of the project was to demonstrate a deliberate effort to reach illegitimately pregnant teenage girls and to use the period before and after the birth of the baby to help the girl achieve a future pattern of behavior that will meet her needs in a way that is more constructive for her, in her own community where feasible and elsewhere when there is a casework based reason for removing her from her community.

The term "reorientation" was used deliberately to emphasize that this is a multifaceted program of social, emotional, educational, and medical treatment.

After reaching the girl living in the rural are, our first efforts were to be directed toward giving her service in her own home, using medical and education resources in her home community. This is in keeping with the long range objective of keeping the illegitimately pregnant girl in her own community and changing the community climate in terms of services to the unmarried mother.

We knew that the teenager living in a rural area often does not have access to specialized help in her

own area. Sometimes she is brought to a maternity home far away from her local community, where the opportunities to see her family are very limited and where the agency does not have the involvement of the parents. The teenager who has the usual problems connected with establishing her identity may be doubly handicapped because she is less likely to be prepared to get along in a large group where no one knows her. Through the project we hoped to use the period before the birth of the baby to reduce immediate life pressures, to provide a period of nurturing, and to plan educational, medical, and social services for the young pregnant girl. After delivery, we planned to help the girl carry out a plan for herself which would include the appropriate services.

The casework service objectives were as follows:

1. Diagnostic evaluation to determine whether the unmarried mother can remain at home or should be moved to a group or foster home.
2. Since this was geared to those who could remain in their own homes, the casework objectives were to work with the unmarried mother in relation to her problems and plans for the child; and because this was a teenager, to work with the family along similar dimensions.
3. To act as the integrating catalyst for the necessary school and health services.
4. To continue post partum casework to assure the effective resolution of the problems affecting the unmarried

and the infant, in the context of her family.

This was not seen as intensive psychotherapy or any attempt to change the basic aspects of the personality. It was to be primarily geared to the social situation and the necessary ego supports.

This demonstration proposed to include education as an important part of the rehabilitative efforts. We planned to provide the girl with special education, academic and/or vocational so that she might return to school better equipped to go on.

This project proposed to combine elements of demonstration with an awareness that we do not have all the answers, but we would be seeking answers to such questions as what are the determinants which appear related to whether an unmarried mother remains at home or not, continues in school, and follows through with the help of the program.

Mode of Operation

The mode of operation involved a program for making the project known to the community and reaching the girls; and providing the implementation of our goals related to education, medical care, and social work services.

The project was set up to avoid the fragmentation from which services to unmarried mothers has suffered and to achieve service programs that are really comprehensive. In reporting the project it is necessary to report by "fragments" and the following sections are devoted to:

efforts to make the community aware of the project; the coordination of service; the education program; the medical program; the casework program; and the evaluation of the effects of the project.

Efforts to Make the Community Aware of the Project

Delineation of the Area

The area in which the demonstration was located was based on one hour of driving time from Fort Dodge. The area was selected in consultation with the Iowa Highway Commission and the State Director of Special Education using as criteria availability of and types of roads, the topography of the area, and population density and distribution. The area included most of six counties and a small part of four additional counties.

The six counties were: Pocahontas, Humboldt, Wright, Calhoun, Webster, and Hamilton. These counties made up Rural District #5 of the proposed area education districts recommended by the Iowa Department of Public Instruction. This area in 1962 had 8,714 students in grades nine through twelve. The small area outside this district was included because it could be reached in one hour from Fort Dodge and could be served by District #5.

We have learned that the simple figure of a one hour driving time was not realistic for school attendance. Girls living north and west of Fort Dodge were more willing to use Fort Dodge than girls living south or east. Most of the girls in our program lived within thirty miles of Fort Dodge. One of the things which we discovered and which has been reported by other students of the rural community is the idea that the rural service area where all families go to some central place for shopping, for social and church participation, etc. appears to be no longer valid. Apparently farm people use the nearby village for purchase of such things as feed and lumber; they may go to a different town or city for church; their children may ride a bus to a still different center for church; their children may ride a bus to a still different center for school; and they may travel regularly to the nearest city for health care.

We discovered this as we found that some parts of our prescribed area would not consider coming to Fort Dodge for

education, while other communities, as far as 60 miles from Fort Dodge wanted to use the Continuation School.

Reaching the Community

Our first efforts were directed toward reaching the largest audience of professional persons who are concerned with the problem of illegitimate pregancies among teenage girls. We considered this group to consist of school principals, guidance counsellors, nurses, doctors, lawyers and ministers.

The second method for making the community aware of the project was through the distribution of a brochure to all doctors, physicians, ministers, Departments of Social Welfare, and other possible referral sources.

The Fort Dodge newspaper printed three stories about the project. Mrs. Woods, branch director of the Fort Dodge office had the opportunity to speak on the Fort Dodge radio on a question and answer program.

Invitations were solicited to talk before groups and talks were given before a number of community groups.

In December, 1965, we began our third phase of making the community aware of the project. We began a community by community direct contact approach.

A part-time worker was employed with the specific assignment of calling on all doctors, lawyers, ministers, school personnel, and other possible referral sources. The woman who was employed was a person who knew the community well. She was the wife of a local attorney and herself had previously served on the agency's board and the county board of social welfare. She had a real interest in social work and the ability to communicate with local leaders of all groups. She expanded the list of persons upon whom she called to include pharmacists, civic leaders, newspaper editors, insurance men, and other key people in the communities. Not only did she interpret the project but at the termination of the project she was invited to become assistant director of the area adult education program. Altogether she called on over 75 doctors, over 150 ministers, over 110 school people and many others. Although the project will not continue long enough for us to be able to include the results in this report, we have already received a number of letters from citizens interested in providing continuing education and other help to young persons in their communities. As the Continuation School grows however, it will need continuing interpretation to extend its services.

THE EDUCATION PROGRAM

The Education Program began with a goal of making it possible for the girl who was pregnant to have the opportunity to continue her education by taking the course work necessary to get back into her own school as soon as possible, in a setting with other girls so she would have the support of a teacher and peers. We felt it was important that these girls would not be excluded or excused from school, with all the implications of rejection that this involves; rather, that they would be transferred to an educational program consistent with their condition and maintaining an emphasis on responsibility (both theirs and the schools) for continuous school attendance. The education plan was developed in consultation with Dr. Drexel Lange, Iowa Director of Special Education and Dr. Kenneth Eaton, Iowa Consultant for Physically and Visually Handicapped, State Department of Public Instruction. In planning and implementing this new program, questions regarding the schools' role in establishing and enforcing morality were specifically avoided. The sole concern was the students continuing need for an equal educational opportunity. The program was designed on a regional basis to provide a resource for local schools through which pregnant girls of school age could receive a continued educational opportunity while remaining in their own homes.

The Educational Program is a day school program and when appropriate girls commute daily. However, the school program is also available to those for whom foster home or residential home placement has been arranged. It is not intended to replace local provisions which may currently be in effect but rather it is designed to provide an educational opportunity to girls who because of pregnancy might not otherwise continue their education in a satisfactory manner.

Administration and supervision of the Educational Program was assumed by the Ft. Dodge Community Schools. Initial costs of instruction were assumed by the Ft. Dodge Community Schools and reimbursed by the State Division of Special Education.

Instruction and Curriculum

During the initial period of operation the Educational Program used as its basic curriculum the "High School Supervised Correspondence Study" offered by the Extension Division of the University of Nebraska. A full time teacher -- co-ordinater supervised all course work. The plan was that as the demand for more traditional and formal clasroom instruction is created by an increasing population, part time teachers, qualified in various subject matter areas, will be added to the staff. Students involved in correspondence study were issued credit as earned directly from the University Extension Division, University of Nebraska. These credits were applied toward graduation according to local policy.

In addition to the academic and vocational skills, the school was seen as a way to provide social relationships which would prevent some of the problems of isolation that an unmarried teenager often faces. Unlike a home bound program, with the problems of isolation and rejection, a central school structure would not imply rejection, and should make the girls available to casework and medical intervention while they are in a central location. In financing the program, the Iowa Department of Special Education accepted the financial responsibility and reimbursed the counties for full cost of the education.

EXPERIENCE DURING THE TWO YEARS

Age and School Grade

Thirty-two girls, ranging in age from fourteen through eighteen used the continuation school. Most of them were sixteen or seventeen years old and most of them were in the eleventh or twelth grade when they entered the continuation school. Almost all of the girls were in the grade they should have been in; only one girl of age seventeen had completed only the ninth grade. There were eight seventeen year olds who were in the twelth grade at the time they entered continuation school so the school attracted girls who had been making normal progress in school before they became pregnant.

The following table shows the girl age and grade in school at the time she entered the Continuation School:

Table 1. Age and Grade of the Girls When They Entered The Continuation School

Age	Grade 12	11	10	9	Total
18	3				3
17	8			1	9
16		11	2		13
15			4		4
14				3	3
Total	11	11	6	4	32

These are girls who probably would have found it difficult not to have been school drop-outs, if there was no Continuation School. These girls are not of low intelligence nor are they poorly motivated scholastically, which are characteristics often associated with school drop-outs. This group were average students with the temporary problem of being pregnant.

Attendance

Attendance at the Continuation School has been excellent. Illness and time out for delivery accounted for about three-fourths of the time absent. Twenty-three girls (71%) were absent for illness for one day or more. However, only two girls were ill for more than ten days. Absence for illness may be seen below:

Table 2. Absence From School Because of Illness, By Number of Days Absent

Number of Days Absent for Illness	Number of Girls
Under 3	7
3-6	10
7-10	4
Over 10	2

Other reasons for absence included illness of another member of the girl's family, transportation problems, baby sitter problems and one instance of a girl who took time out to get married.

Return To School After Delivery

Twenty-four girls delivered their babies during the period in which they were enrolled. Of these, thirteen returned to the Continuation School after delivery and eleven did not. Of the eleven, three completed or planned to get their diplomas from the Continuation School, two will enroll in schools in new communities because their parents moved, and five will return to schools in their local communities. One enrolled in the Continuation School three different times but dropped out each time because of illness or baby sitter problems.

Curriculum

The education program was set up as an interim program, so that the girl could take the courses she needed at the Continuation School and then go back to her own school and graduate there. For this reason the courses followed the usual high school curriculum. The following is a list of all the courses taught and the number of students who took that course:

	First Semester	Second Semester
Freshmen:		
English	4	2
World Geography	4	2
General Math	4	2
General Science	3	1
Typing	7	4
Sophomores:		
English	5	2
World History	6	2
Biology	5	2
General Math	1	1
Algebra	3	3
Shorthand	1	2
General Business	3	3

	First Semester	Second Semester
Juniors:		
English	5	7
American History	5	8
Home Ec	2	3
Etiquette	2	
Latin		1
Spanish	1	
German	1	1
Bookkeeping	2	3
Chemistry	1	1
French	1	1
Geometry	1	1
Algebra	2	2
Art	1	
Seniors:		
English	7	4
Government	7	
Economics		6
Art Appreciation	1	1
English Comp.	1	
Psychology	2	
Social Living	2	
Remedial Reading	1	
Modern Health	1	
Salesmanship	1	

The list above shows the range and the academic emphasis of the course work.

Continuation of Education After Leaving the Continuation School

Most of the girls either have returned to school or plan to return after their babies are born. Seven girls have or will receive their diplomas from the Continuation School. Three girls will leave the area, either with their parents or husbands. One girl does not plan to continue her education. Twenty of the girls plan to return to their own school to continue their education.

Transportation

No repsonsibility for transportation was assumed by the Fort Dodge Community Schools. The resident schools in Iowa are authroized by law to provide transportation or pay the expense of transportation up to twenty-eight cents per mile (one way) per family. However

our experience has been that the thirty-two girls who used the Continuation School all worked out their methods of getting to school independently. The methods used included being driven to school by their own parents, driving to school in their own cars or the family cars, driving in a car pool with another student or with someone who worked in Fort Dodge, and coming from the maternity home in Fort Dodge in the maternity home's car. These methods were satisfactory for the girls who used the school.

Future Developments in the Education Program

There is no doubt that if the school is to provide service to more girls, more responsibility for transportation will have to be accepted by the local schools for transportation. One of the problems is that a particular school may have only one girl who needs to be transported. The girl and her family do not feel they have the right to ask for an education because they have broken the rules of society when the girl got pregnant. And certainly they wouldn't approach a school board to ask for transportation. The iniative to encourage the girl to go to school must come from the school system itself and so far in the program, no local school has taken the iniative in arranging for transportation.

The education program needs to be expanded to include girls who are less capable academically and less well motivated. To achieve this the curriculum needs to be broadened. A program needs to be set up for a girl with different requirements, one who will not fit into the usual academic program. Perhaps these girls will be transferred to the area vocational school and the period while she is in the Continuation School may be used to start her in this direction. The other area for expansion should be directed

toward the married girl.

On the basis of our experience in the Continuation School, several other communities including Mason City, Waterloo, Dubuque, and Davenport, which are population centers similar to Fort Dodge, have started continuation schools. The Department of Public Instruction would like this program to be extended so that every girl in Iowa has access to a continuation school in an area within easy transportation distance. There is every reason to believe that as we accumulate experience the education program will be improved and strengthened after the good beginning we have made.

THE HEALTH PROGRAM

The health program of this project is a most interesting area to study, because so little was accomplished in two years, in contrast to the accomplishments of the education program. The accomplishments must be evaluated in terms of the objectives of the project. From one point of view the program might be considered highly successful since we can report that all of the girls received medical care in their own communities from physicians of their own choice; the babies were delivered in local hospitals; and the girls received the same quality of care as any married pregnant woman. We know that for the girls in the project these objectives were achieved: to improve the health of the expectant mother, to reduce infant deaths, to try to prevent defects in children by providing high quality comprehensive maternity care, recognizing that the young girl presents a high risk of suffering a pregnancy casualty.

The reason for examining the accomplishments more critically is that the medical care was paid for by the girl's family and by the project funds. At the end of the project there was still no other resource for funds for the kind of medical care the project set out to demonstrate, namely care by a physician of the girl's choice in her local community.

To understand the situation, we may refer to background factors which did not permit the State of Iowa to take advantage of the provisions of Title 19 or Title 2 in provision of the medical care. Both of these programs include maternal and child health. However implementation of the program is completely dependent on the willingness of the state to provide matching funds and the ability of the state to find increased revenues required for a broad program.

At the present time, two years after the project began, the only money available for medical care for young unmarried mothers who do not have private financial resources is through the ADC program. Legislation which would extend the provision for medical care to all children, under Title 19, was not included in the current session of the legislature and therefore will not be considered until the next session which is two years away. Why was this not seen as a matter of vital importance now? Dr. Merlin Taber has pointed out a socio-cultural factor. He said that various health surveys show that health levels in rural areas are lower than in urban areas, indicating an under-investment in Health. He pointed out also that anyone who becomes familiar with rural Iowa will know there are pockets of rural poverty which have the same results for families as the city slums. However, according to Dr. Taber, the sheer dispersion of the families keeps them from being noticed or becoming a "problem."

This may be even more relevant to the problem of the unmarried pregnant teenager where there has been a pattern of hiding the pregnancy. A large number of teenage girls seek medical confirmation of their pregnancy from a physician and then delay following his recommendation. Or, sometimes when the doctor confirms the pregnancy, particularly if it is a girl whom he knew as a patient, the doctor becomes involved in assuming responsibility in planning for total care, including prenatal care, delivery, and care afterward.

He may discuss with the girl and her parents questions about possibilities of marriage and implications of adoptive placement, since doctors feel that it is within their role to offer guidance and direction.

and direction.

In the provision of an impetus for better medical care for young pregnant girls, we did not follow the traditional pattern of starting where the community is and establishing a relationship of mutual confidence before trying to bring about change. We were depending on the demonstration to prove that it was worth while and worthy of financial support. We were able to demonstrate that it was helpful to the girls in the project, but the representatives with whom we worked in this case, the medical profession and the area representatives of the local department of social welfare were not able to bring about a change in the manner of financing medical care for pregnant girls. The impetus for such a change had to come from some other source. Both the medical profession and the department of social welfare were willing to cooperate with the project, but not to take a leadership role in changing the pattern of services. Our project attempted to take a leadership role through its contact with the medical profession and the department of social welfare.

Direct Contact with the Medical Profession

Our project dealt with physicians on every level, from the state level, with Dr. Madeline Donnelly, Director of the Maternal and Child Health Division, Iowa Department of Health, to the local level where we contacted the doctor in Bode, Iowa, which has a total population of 430.

On the state level, Dr. Donnelly urged the Maternal and Child Health Committee for the State Medical Society to go on record with a set of minimum standards for the medical care of the unmarried mother. Dr. Donnelly tried to schedule a small meeting to begin work on this project but there was no response.

Dr. Leinbach, President of the Iowa Medical Society wrote "There is a great need for helping the illegitimately pregnant teenage girls living in rural Iowa. Personally I would be interested in helping any way I can. I am sure that such a worthy program would likely receive the endorsement of the Iowa Medical Society".

At a later time the Maternal and Child Health Committee of the Iowa Medical Society did put this subject on its agenda for study and hopefully will arrive at a set of minimum standards for medical care for teenage unmarried mothers.

On the local level, a representative from the project personally visited seventy-two different doctors in the thirty-one committies in the project area and discussed the project with them. About a fourth of them volunteered the information that they had confirmed the pregnancy of a high school girl and only eight of the 72 were not interested or had reservations about the project. The majority of the doctors were concerned about the problem, raised questions about the possibility of their using the resources of the project.

In addition to talking with doctors, visits were made to the hospitals in the area and nurses were contacted; so the problem was discussed and perhaps an impetus given for more serious consideration for changing the pattern of medical care for the illegitimately pregnant girl. However, there was no general feeling at the time of the end of the project that the medical profession had given this problem a very high priority in its planning.

Attitude Toward Medical Care by County Workers

The local county departments of social welfare have a practice of sending girls to the University Hospital at Iowa City when there are no funds for hospital care in the local community. In a meeting of county welfare workers, the consensus of opinion was that the girls were adequately taken care of in the local community for prenatal and post-partum care and that the girls prefer to go to Iowa City to deliver. There was no discussion of the possibility that such services are demeaning and do not encourage the poor to seek early prenatal care. There was also no conviction among the county welfare workers that the county should spend the funds for the poor to use hospitals or expensive other medical service in their own community. When the county workers believe the girls prefer to go to Iowa City, we are not going to move away from the present practice very rapidly.

Therefore the conclusion about the health care in this project can only be that for the girls who were served, the project was a success - no girl had complications because of lack of medical care and all the babies were born healthy. However, for a long time effect on provision of health services to illegitimately pregnant teenage girls, we have at best made a dent in the thinking.

CASEWORK SERVICE

Thirty-eight girls who attended the school had the opportunity to have casework counselling. Twenty-six, or more than two-thirds of the girls had more than one interview with the caseworker. The others attended school but chose not to have counselling. The number of girls who received counselling, the agency where this was provided, and the marital status of the girls may be seen in the table below:

Table 3

COUNSELLING SERVICE RECEIVED BY GIRLS IN THE CONTINUATION SCHOOL, BY MARITAL STATUS OF GIRLS

agency giving service	Marital Status			Total
	Married	Single	Divorced	
Family & Children's Service	3	13	1	17
Becker Hall (Lutheran House Finding Assoc.)	1	8		9
No counselling (school only)	9	2	1	12
Total	13	23	2	38

Characteristics of the Girls Seen at the ICHS.

In addition to the seventeen girls who had counselling through the Iowa Children's Home Society and who attended school, another eight were seen by the caseworker but did not choose to attend school. The reasons for this included the girl's being married, being too far along in the pregnancy at the time of referral, lack of interest in school or lack of a suitable program. For ex. no program was available for one junior high school girl who needed special programming because of her social and educational retardation.

The girls who were seen by the case worker were referred primarily by ministers and school personnel. The referral source may be seen in the table below:

Table 4

Referral Source for Girls Who Had More than One Interview at ICHS

Source of Referral	Total of All Cases Current & Closed As of May 31, 1967
Minister	7
School	6
Parent	3
Attorney	2
Doctor	2
Dept.of Social Welfare	2
Hospital	7
Self Referral	1
Not Known	1
Total Known	25

The girls' fathers were employed primarily as craftsmen, foremen and kindred workers; their mothers were primarily housewives. This may be seen in the tables below:

Table 5 - OCCUPATION OF THE GIRL'S FATHER

Occupation	Total of All Cases Current & Closed As of May 31, 1967
Craftsmen, foremen, & kindred workers	9
Farmers and Farm managers	3
Operatives and kindred workers	3
Construction worker	3
Managers; officials & proprietors except farmers	2
Service workers except private household	2
Occupation not reported	3
Total	25

Table 6 OCCUPATION OF THE GIRL's MOTHER

Occupation	Total of all Cases Current & Closed As of May 31, 1967
Housewife	12
Professional, Technical & kindred workers	1
Clerical and kindred workers	4
Unskilled	1
Not Given	7

On the basis of the occupational status and the referral sources, one may gather that we were seeing a group of middle class girls. This was borne out elsewhere in our report of responsibility for transportation arrangements and medical expenses.

The following information is based on follow up studies of the girls whose cases were closed for one year and who had attended school. Follow-up on the other girls was not undertaken because of doubt of when or whether the case was closed. This was related to a methodological problem by which the follow-up was planned for one year after the case was closed and many cases were left dangling while the caseworker waited for the girl to ask for service.

A Casework Dilemma

Most of the girls who were unmarried and who received counselling released their babies for adoption. Most of the girls who were married did not have counselling and all of them kept their babies. So the choice of working with the agency may have been the result of the unmarried pregnant girls wanting to release their babies for adoption and seeing the agency as a way to arrange this solution; or they may have turned to the agency as they recognized that they needed help at that time in their lives. Or the fact that they received counselling and released the baby may be related to the agency's subscription to the idea that for the young girl and her baby it is better to release the baby most of the cases.

This is not always expressed, since the focus of casework is on self-determination by the client, but the bias toward release of the baby still may be operating.

The subject of casework with unmarried mothers has been a subject of confusion similar to that which exists between service to poor people and maintenance of income. There was a time when casework service was seen as a corollary service to provision of relief. Similarly traditional casework service has been seen as the way to deal with pregnant girls. By traditional I mean seeing the girls for weekly, one hour interviews, in the office with a focus on feelings

and relationships. The fact that this kind of service has so often been met with resistance or has been rejected by the girls in our project should make us think about other casework approaches. In the maternity home we had a captive audience. The girls were there and were scheduled for weekly interviews by the administration. When the program became freer and the girls lived at home and could participate in whichever parts of the program they wished we have instances of several responses. We have instances where the services of the caseworker continued over a long period of time and was helpful to the family. In these instances our caseworker provided the traditional casework.

We have a greater number of instances in this project where the caseworker was available and even tried to reach out to the girl, but the girl and her family did not want any service beyond planning for the baby. In the case of the married girls, most did not want counselling service. These girls accepted marriage as a solution to their problem and confirms the assumption that unmarried pregnant girls equate agency service to placement for baby. General agency experience confirms that only a small percentage of unmarried mothers see the pregnancy as a symptom of internal confusion or dissatisfaction. We found that at the time the case was closed, in a number of instances the caseworker felt it was not an appropriate time to close the case.

In one case where the girl was in a maternity home the case worker gave as his reason for wishing to keep the case open the fact that he could not reach the girl. This was a girl who later went back to her local high school and graduated with honors, worked during the summer, and was in college a year after the case was closed.

In six cases where the girl was living in the community, the case was also closed although the worker did not feel it was an appropriate time for the case to close. In one instance the family left the state so casework interviews could not be continued but in the other cases the clients simply withdrew. In the case where the family left the state the worker would have liked to have had a series of family interviews. Among the other five cases, the caseworker gave as reasons for wishing the client would continue as (1) that the girl was too immature for marriage; (2) that the parents rather than the girl had made the decision to keep the baby; and (3) that more casework service was needed. In five cases where the girl was living in the community and in once case where the girl was living in a maternity home the caseworker felt it was appropriate to close the case at the time he did, for these reasons: (1) there was resistance to casework service on the part of the family; (2) the girl got married: and (3) the girl chose to terminate service but she knew she could open the case whenever she wished; (4) the

caseworker felt some positive movement had occurred in the girl's dealing with her environment. This last feeling of the caseworker was in relation to two girls living in a maternity home and whom the caseworker described as followers: "Mary initially was dependent and passive. During her stay at the Home she began to make her own decisions. Gradually she gained the ability to stick to her decisions and the new found independence was gratifying to her." (This girl since has gone back to her own high school and was crowned queen over all of the senior girls in her class and has taken part in all the activities). "Marie initially was angry and distant. At the time of closing she was in the process of resolving her conflicts of anger and distrust of her parents. This allowed her to get involved with them more positively." (This girl went back to her own high school and also was able to work as a substitute with the kindergarden class, participate in the church choir, League, and the school play).

It is obvious there musthavebeen more to the caseworker's thinking in relation to the girls who remained in the community than was brought out in the answers about appropriateness of closing the case, since marriage was seen as a reason to terminate and a reason not to terminate, as was the attitude of the girl's family. Perhaps the question cannot be handled in such over-simplified form. However, some way should be found to get a more accurate idea of what the caseworker

is trying to achieve in his casework with the unmarried young mother. The limited experience after the cases were closed were enough to raise the question of what service goals we can have in casework with pregnant girls. Extension of a service is conditioned as much by the service itself as it is by the characteristics of the client. In our project a continuing, weekly interview seems to have been rejected. We worked with a group who were not used to talking about their problems, who were not used to the casework method, and who seemed to see their problems as centered around a pregnancy. So perhaps what they need, along with the poor person, is help with the practical problem and less emphasis on the professional services we had been used to giving. The more independent girl, from a middle class family, seems to reject professional casework service. Unfortunately we had a small number of girls in our project, too small to be able to define what kind of help young pregnant girls want or need in the resolution of their problems. In our profession, although much has been written since Leontine Young's study, we still seem to be functioning on the basis of her findings. We need more study of the casework process with pregnant girls. Perhaps we need to think about the basic social work techniques and set realistic treatment goals for girls in middle class families or girls living in their own communities rather than in the maternity home.

Projects dealing with illegitimately pregnant teenage girls who remain in their own communities seem to be the focus of special interest in work with unmarried mothers in the 1960's. We seem in these projects to have arrived at a point where we recognize that we must deal with the needs of the wholegirl -- rather than to deal separately with her health problems, her problems of relationships, her education, etc. In a number of projects which have been reported these efforts have been initiated by specialists in one area and the specialists have tried to draw in other helping professions. For example, in Washington D. C. the project started out from an education base; in Syracuse, it started out from a health base. In our project, we started with a casework base. Whoever starts the project seems to meet very quickly the problems of community organization. From reading some reports and thinking about our own experience I have the impression that when a health or education facility starts such a project and tries to draw in social work services, it is somehow easier than when the project starts out as a social work project. Perhaps it is because the health and education fields have more structure and more prestige, and because their services are easier to see, and perhaps because they have a clear idea of what they are trying to achieve by their own "fragment" of service. Caseworkers need this clarification too.

EVALUATION OF THE EFFECTS OF THE PROJECT

This project was set up with two different goals. One goal was related to the girl; the second goal was related to the community.

Goal 1: The Girl

In our project we tried to bring about changes in the girl's physical health, emotional health, social behavior, and in general help her achieve a future pattern of behavior that would help her meet her needs in a way that was more constructive for her. In the original proposal the plan for evaluation included a battery of psychological tests to measure the girl's feelings about herself when she first came to the Iowa Children's Home Society and one year later. This measure of change was included in addition to evidence of school experience, work experience and family and peer relationships. On the basis of our experience after the first year and further consideration of the use of psychological tests, we changed our use of the tests from that of a possible method of evaluating the progress of the girl to a diagnostic aid in selected cases only. One reason for this was our realization that for the problems we found through psychological testing, a one year period was too short a time period for a re-test to be useful. We relied for our evaluation instead, on evidence of the girl's current functioning at home, in school, and in the community.

FOLLOW-UP AFTER ONE YEAR

Of the thirty-two girls who had been in the continuation school, a follow-up study was made of the thirteen girls whose cases had been closed for a year. The other girls were either still in school or their cases had been closed for a shorter period. Of the thirteen, ten had received service through I.C.H.S. and three through Lutheran Social Service. Nine of the girls were in school one year later, and a tenth had graduated. One three girls were not in school; all of them were married.

Most of the girls reported that they had no health problem since the case was closed. Three of the girls had had medical care during the year since the case was closed. All three gave as the reason "infection". A fourth girl reported that she had a problem with child birth scars but had not sought medical care because of embarrassment.

Ten girls expressed their immediate goal of finishing high school, one a goal of getting married, one of finishing college, and one did not express a goal. The situation of these girls may be seen in the table below:

Table 7

EDUCATIONAL STATUS OF GIRLS WHO HAD BEEN IN THE CONTINUATION SCHOOL, ONE YEAR AFTER THE CASE WAS CLOSED

EDUCATIONAL STATUS	NUMBER
In school	9
Graduated from high school	1
Not in school (married)	3
Total	13

Table 8

HEALTH STATUS OF GIRLS WHO HAD BEEN IN THE CONTINUATION SCHOOL, ONE YEAR AFTER THE CASE WAS CLOSED

PROBLEM	NUMBER
No health problems	9
Infection for which she went to doctor	3
Problem of childbirth scars for which she did not go to doctor	1
Total	13

Table 9

GOALS FOR THE FUTURE EXPRESSED BY GIRLS WHO HAD BEEN IN THE CONTINUATION SCHOOL, ONE YEAR AFTER THE CASE HAD BEEN CLOSED

GOAL	NUMBER
Finish high school	10
Finish college	1
Get married	1
No goal	1
Total	13

All of the girls were living in the same arrangements as they were at the time the case was closed. This included living with husband and baby or own family. Three of the girls were being supported by their husbands; two, by husbands and parents; and eight were supported by their parents. None of these families were on A.D.C. or Public Welfare.

Of the six girls who were married at the time they first became known to the project, one was in the process of getting a divorce a year later. All thirteen girls were asked what

they expected to be doing in five years. Seven of them mentioned getting married, working, or getting more education. The fields they mentioned were teaching, nursing, and computer operations. Including the Continuation School in the vocational education area schools would give the girls an opportunity to start in these fields, learning nurses aids work, teacher's aid, etc. One "had high hopes" but was not specific because she was in the throes of divorce proceedings. The other five did not answer the question. Five of the girls mentioned participating in church activities.

On the whole these thirteen girls appear to have been getting along well a year after the case was closed. This is not surprising since, as has been pointed out in the education section of this report, the girls who attended continuation school were a highly motivated, capable group. These are girls who were able to take advantage of whatever resource the community made available.

Because the education resources for unmarried pregnant girls were inadequate, the project undertook the community organization function of working with the Department of Public Instruction to provide a school. Our project was set up with the goal that once a pregnancy was discovered in a school age child, there would be a professional worker representing some social agency who would make every effort to visit and plan constructively with the girl, the boy, and their parents in order that adequate casework

would be provided, and not necessarily given by our own agency. We considered as one possibility that of referral for casework service to the county Department of Social Welfare. This is not a totally unrealistic goal since in Minneapolis, for example, all unmarried mothers are referred to the welfare department, which provides them with a special program of casework and other assistance. In our project however this was not the solution, because none of our girls were on A.D.C. or public welfare, and the county welfare workers were working at maximum capacity keeping up with the cases already categorically assigned to them. However the Department of Social Welfare gave support on the planning level and recognized the value of co-ordination of services. The need for social work service has been accepted by the planning group and the danger of fragmentation in the provision of services has been recognized.

The attitude toward social work was expressed by Mr. Larry D. Pool, Consultant School Social Work Services, Title I, ESEA, State of IowaDepartment of Public Instruction, as follows "I certainly feel that social work service should be an ongoing part of whatever program does continue. In order for this to be most successful I feel strongly that it should come from a person employed full time to work with school personnel and as a part of school programs. Separating the educational part of the program and the social aspect of the program by giving this to a social agency has not worked as effectively as we might hope. In Mason City (mentioned earlier as one of the schools set up after our demonstration) the social work services are given part time by a

person from the mental health agency whereas all other people, i.e. school nurse, guidance counsellor and teaching personnel, are an ongoing part of the school staff. This has been a problem in terms of communication and in terms of one person knowing what the other's role is and what the other person is accomplishing; therefore, in Ft. Dodge although girls needing extensive service could always be referred to social agencies that are able to provide this, I do think the only way social work can become a meaningful, ongoing part of a school's outreach and involvement of these girls or any child having a problem is that that person is seen as an ongoing integral part of the school staff".

We looked for leadership in health care to those formal organizations which provide health services, represented by the Iowa Division of Maternal and Child Health, the Iowa Division of Nursing Service, and the Iowa Medical Association. In the health programs the Iowa Department of Health has scheduled a conference on young unmarried mothers, to be held cooperatively with the University of Iowa Medical School in November. At that time there will be included in the program a consideration of the social needs of this group and the services of social work. Hopefully many doctors and others responsible for health planning will be there and may be give the impetus to work more closely with the agencies who provide social work services. There is also the possibility of course that they, like the public instruction staff, will recognize the need for service but will want to incorporate the service within their own framework. In relation to

the specific goal of providing service to young illegitimately pregnant girls, there can be no question that at the end of the two years of demonstration there has been a tremendous impact on the thinking and on the provision of service to the young illegitimately pregnant girl living in rural areas in Iowa; the danger of drifting back to the pre-demonstration status is very unlikely.

GOAL II: The Community

This brings us to the second goal of the project, the one expressed by Mr. Lawrence H. Scales, Jr., Executive Director of the Iowa Children's Home Society, as follows "The overall purpose of the demonstration has moved from a re-orientation of the girl, a practical goal to be achieved as we learn more, to a re-orientation of the community, which has established a pattern of conflicting and punitive resolution of the problem of the unmarried teenager..." This goal was not mentioned in the original proposal but its necessity was implicit when we proposed keeping the girl in her own home with her family wherever possible and providing her with casework service, medical care, and education planning in her own community. This is based on the belief that for many girls who become illegitimately pregnant and who will be part of the community after the delivery of the child, it is better to remain in the home community than to be moved.

As we planned ways of keeping the girl in her own community, it became necessary to work with the community toward wanting her there. Our agency undertook the coordinating responsibility for

providing or finding the resource for such services as social casework, medical care, choice of living arrangements, financial assistance, child care planning, psychiatric care, and strengthening family life. Some of the agencies who had offices in the same building, had worked independently with pregnant girls and their problems, but had not worked together specifically on co-ordinating services with this group of girls. The project was the instrument through which inter-agency conferences were held. These conferences resulted in co-ordination of services and broadening of understanding of the function of the various agencies which may be effective in other community endeavors on the basis of our successful experience here.

In summary, we feel that much has been accomplished and, at the same time, much is left to be done. Specifically we see as important next steps:

1. Provision of an educational opportunity for all pregnant girls regardless of their marital status, academic ability, or previous school record. This involves providing a broader program, with emphasis on vocational and homemaking skills.
2. Provision of enabling legislation so that the state of Iowa may be included in the federal programs for maternal and child care.
3. Continued efforts at integration of all community resources to provide comprehensive care for the young pregnant girl living in in rural Iowa.